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CONFIRMATION NO. 5515

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/634,049	08/04/2003	606	3731	MED-015
RULE				

APPLICANTS
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**** CONTINUING DATA ******* NONE, Tw 9/22/06

**** FOREIGN APPLICATIONS ******* NONE, Tw 9/22/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/31/2003 **** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examined</u> Examiner's Signature <u>Tw</u> Initials				

ADDRESS
36822

TITLE
Surgical port device

FILING FEE RECEIVED 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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